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(Depositor's some (Signature

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFERMATION NO.
09/771,394	01/26/2001	Bradley M. Wilkinson	ASP001 P302	6920
TITLE OF INVENTION: S	URGICAL SCALPEL			

APPLN, I YP5	SMALL BNITLY	ISSUE PER DUE	PUBLICATION FEE DUE	PREV. PAID ISSUEFEE	TOTAL PRE(S) DUE.	DATE DUE	
nonprovisional	NO	\$1510	80	90	\$1510	\$1510 05/23/2611	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SONNETT, I	CATHLEEN C	3731	606-167000	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CR J. 363).</li> <li>Change of correspondence address (or Change of Correspondence Address Forn PTO/SPH 22a stuched.</li> <li>The Address' indication (or "Fee Address' Indication form PTO/SBH 28a (33-4) or inseer recent) attacked. Use of a Customer Number is required. or inseer recent) attacked. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, atternatively.  (2) the name of a single firm thaving as a member a registered attorney or agents) and the earness of up to 2 registered patent sitorneys or agents. If uo name is fisted, no name will be printing.		eys   DeWitt & 1	Price, Heneveld, Cooper,  DeWitt & Litton, LLP   2   3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Advance Order - # of Copies

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Aspen Surgical Products, Inc.

Caledonia, Michigan

Phase check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fcers rare submitted 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) S Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account Number 162463 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a Applicant claims SMALL ENTITY status See 37 CFR 1.27.

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/brianrcheslek/ May 23, 2011 Authorized Signature Date Brian R. Cheslek 58329 Typed or printed name Registration No.

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